



Department of Health
and Human Services
*Maine People Living
Safe, Healthy and Productive Lives*

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

**PNMI Appendix F Stakeholder Group
March 22, 2012
Minutes**

Committee Members Present:

Carlton Lewis, DHHS
Dick Brown, Charlotte White Center
Gary Wolcott, DHHS
Jack Comart, Maine Equal Justice
Matt Hickey, Goodwill

Pat McKenzie, Behavioral Health Collaborative
Patty Dushuttle, DHHS, MaineCare Policy Director
Ricker Hamilton, DHHS, Director Elder Services
Sheldon Wheeler, DHHS

Agenda	Discussion	Next Steps
<p>DHHS Update</p>	<p>In response to a CMS request in August 2011, DHHS conducted a provider survey last fall, to gather information about facilities that may qualify as “institutions for mental disease”. DHHS requested and was granted an extension of the CMS initial deadline, and analysis continued. As DHHS has identified the need to do a PASSAR-like screening for residents of Appendix C facilities, the need for more time to complete the analysis has become clear. DHHS has requested another extension (copy of letter attached).</p> <p>CMS asked for more information on “bundled” rates in December 2011. This type of rate is not necessarily <i>not</i> permissible, but CMS is concerned that Maine complete detailed documentation that services were delivered and there is a provider contract in place. The response to CMS was due last week. DHHS reported many services will be unbundled so we can show specific units and rates; we will also continue to work with CMS on iSPAs. CMS also proposed approving a “composite” rate for segments of service, which will be discussed in a conference call this week with CMS.</p> <p>The final model has the potential to be only slightly different from the current model, for this Appendix. Some components would be included under Maine’s State Plan, and some would be more specific and included in an iSPA.</p>	

Agenda	Discussion	Next Steps
<p>Provider Agreement Option</p>	<p>CMS has provided guidance (attached) in a conference call last week on the requirements for reimbursement for bundled rates. CMS wants a level of detail for services delivered that includes units of service (numbers of hours) and specific services delivered (meal delivery, personal care assistance). Of concern is CMS’s stated intention of resolving claims with a cost settlement at the end of the billing year.</p> <p>CMS offered a “composite rate” as an option for Maine to consider, that will be discussed with CMS and DHHS staff next week to understand what CMS’ definition of a “composite rate” is.</p> <p>Committee members discussed how bundling services can interfere with individual choice, and after discussion of that with CMS, Patty reports that some states use a consent form that recipients use to agree for certain services. We have asked if other states are using composite rates and are awaiting a response. It was noted that reimbursement options for residential care are more varied than reimbursement models for PNMIs.</p>	
<p>Review of 2/23 materials</p>	<p>At the 2011 Fall Forums, participants were asked to identify services in response to a series of questions, including but not limited to identifying services that are essential to a future PNMI model. This list was shared, as well as a version of the first question, color coded by reimbursement source (attached).</p> <p>The group discussed this list and how some services are currently bundled, and reasons for unbundling them, which include CMS directives, as well as covering certain services under other areas of the State Plan if they are unbundled. The group discussed specific tactics for covering services to individuals in AMH PNMIs, including covering them under Appendix C, or a possible waiver for individuals with mental illness who are nursing facility-eligible. The Olmstead and CMS requirements must be met in any future model. Choice of care is also a concern of both the Department and CMS and must be documented.</p>	
<p>Next Meeting</p>	<p>The group was tasked with reviewing the list of services coded by reimbursement method and drafting a potential model or several models.</p>	<p>Patty: will provide a color-coded complete list from the Fall Forum for this exercise; as well as the number of individuals in this Appendix who are at 150% FPL/NF eligible.</p>